## CENTRAL FAX CENTER NO. 7717 NOV 18 2008

PTO/SB/22 (10-08)
Approved for use through 10/31/2008. OMB 0651-0031
U.S. Pstant and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional)   61032(70904)	
OPTICAL INFORMATION RECORDING MED SAME, OPTICAL INFORMATION RECORDIN DEVICE	NUM, RECORDIN NG DEVICE, AND	IG AND READOU OPTICAL INFOR	T METHODS USING TH MATION READOUT
Art Unit 1794		Examiner	E. E. Mulvaney
This is a request under the provisions of 37 CFR 1.136(application.			
The requested extension and fee are as follows (check t	lme period desired	and enter the appro	opriate fee below):
[] a (27 257 4 27 242)	<u>Fee</u>	Small Entity F	<u>ee</u>
x One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00
Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$
Five months (37 CFR 1.17(a)(5))	<b>\$2</b> 350	\$1175	\$
Applicant claims small entity status. See 37 C	FR 1.27.		
A check in the amount of the fee is enclosed.			•
Payment by credit card. Form PTO-2038 is at	tached.		
X The Director has already been authorized to c		application to a De	eposit Account.
The Director is hereby authorized to charge an Deposit Account Number 04-1105	y fees which may	be required, or cr	edit any overpayment, to
WARNING: Information on this form may become p Provide credit card information and authorization o	— ublic. Credit card In: n PTO-2038.	formation should no	t be included on this form.
I am the applicant/inventor.			
assignee of record of the entire in Statement under 37 CFR 3	nterest. See 37 C .73(b) is enclosed	FR 3.71. I. (Form PTO/SB/8	96).
attorney or agent of record. Reg	istration Number	53,624	·
attorney or agent under 37 CFR Registration refines it action un			
Tumbs		Nove	mber 18, 2008
Signature	<del></del>		Date
Jonathan M. Sparks, Ph.D.  Typed or printed name		(617) 517-5543	
		Tolon	hone Number

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